

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.H.	11	05/19/01
O.I.P.E. CLASSIFIER		503	06-24-01
FORMALITY REVIEW	CV	995	10-03-01
RESPONSE FORMALITY REVIEW	Request		

INDEX OF CLAIMS

- | | | | |
|---|----------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | Canceled | A | Appeal |
| ÷ | (Through numeral)... | O | Objected |
| | Restricted | | |

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5/19/01